



Paul R. LePage
Governor

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Board of Occupational Therapy Practice
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

Anne L. Head
Director

VERIFICATION OF LICENSURE FORM
(for use by applicants licensed or certified in another jurisdiction)
Page 1 of 2

The applicant listed below is applying to practice as an occupational therapist in the State of Maine. The Board of Occupational Therapy Practice requests written verification from all states that the applicant holds or has held any certification or licensure. This is your authority to release any information in your files, favorable or otherwise.

Directions to applicant:

Complete page 1 of this form and forward pages 1 and 2 to the state where you hold or have held licensure or certification. Because some states charge a fee to complete this form, you should check with each state before mailing. All fees are the responsibility of the applicant. If verification is needed for more than one (1) state, please copy form as needed.

Name:		
Mailing Address:		
City:	State:	Zip Code:
License Number:	State:	Date of Issue:
Signature of Applicant:		Date:

Directions to State Board:

Complete Page 2 of this form and return pages 1 and 2 to the following:

U.S.P.S. Mailing Address: Board of Occupational Therapy Practice, 35 State House Station, Augusta, Maine 04333

Courier/Delivery Address: Board of Occupational Therapy Practice, 76 Northern Avenue, Gardiner, Maine 04345



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OFFICE PHONE: (207)624-8626

TTY USERS CALL MAINE RELAY 711
OFFICES LOCATED AT: 76 NORTHERN AVENUE,
GARDINER, MAINE

FAX: (207)624-8637

**Board of Occupational Therapy Practice
Verification of Licensure (Page 2 of 2)**

Name of Applicant: _____

Exam taken: _____

Date exam passed: _____

If no examination was taken, how was licensure obtained?

☐ Grandfathered ☐ Endorsement/Comity from which state: _____

☐ Other _____

What were the requirements for education at the time the license was issued?

Are there any pending complaints against this licensee? [] Yes [] No

If yes, please explain:

Have there been any other actions taken against this licensee? [] Yes [] No

If yes, please explain:

Is the licensee considered to be in good standing in your state? [] Yes [] No

If no, please explain:

State Board Seal

Signature: _____

Printed Name: _____

Title: _____

State: _____ Phone Number _____

Date: _____